

***Project Abstract:***

Through participation in the Balancing Incentive Program (BIP), Massachusetts plans to capitalize on its significant investment in home and community based long term services and supports (LTSS) across populations to further rebalance spending on LTSS. Participation in the BIP will reinforce the Commonwealth of Massachusetts' ongoing efforts to improve access to home and community based services (HCBS) for those with physical disabilities, intellectual disabilities, and/or behavioral health needs. Through improved access to information and assistance, individuals will be able to make informed choices regarding services, settings, providers, and related issues.

To achieve these goals, the Commonwealth of Massachusetts will work to implement the three structural changes required under BIP, which will include measures to provide additional tools to streamline the MassHealth eligibility process in Massachusetts. Specifically, the State will commit to making the following structural improvements:

- ***No Wrong Door (NWD) System:*** Building upon the current various statewide networks of social services access points already in place, Massachusetts will use the Massachusetts Aging and Disability Resource Consortia (ADRC) network partnership development model to augment the skills of social service access points that serve populations needing information, referral and assistance for long term services and supports.
- ***Core Standardized Assessment Instrument:*** Massachusetts will work with all agencies performing functional needs assessments to ensure compliance with the required domain elements of BIP.
- ***Conflict-Free Case Management Services:*** Massachusetts will review and work to determine needed changes to remediate any case management arrangements that do not align with the principles of BIP.

In addition, the BIP implementation plan includes investigating the integration of an initial screen or self-screen assessment tool into a NWD website that would be available to all NWD network access points and exploring ways to expedite financial eligibility determinations and enrollment into MassHealth.

The implementation of these structural changes envisioned by the BIP will augment other on-going Affordable Care Act (ACA) and state level initiatives aimed at transforming its LTSS system to better support individuals living in the community. These initiatives include, but are not limited to, integrated care systems for dually eligible adults such as special needs plans like Senior Care Options (SCO), the Program for All-Inclusive Care for the Elderly (PACE), and One Care, a Massachusetts demonstration for dually eligible adults under 65; nursing facility diversion activities including Money Follows the Person grant; the consumer-directed personal care attendant program under the Medicaid State Plan; ten 1915(c) home and community based services waivers; the Enhanced ADRC Initiative; the ACA Community Care Transitions Program; and Chronic Disease Self-Management Education programs.

Massachusetts estimates receiving an additional 2% FMAP equaling \$110.6 million. This will allow the Commonwealth to continue its successful rebalancing efforts to date including, but not limited to, the following: transitioning and diverting individuals who are elderly and/or disabled from institutional to community based settings; increasing community based opportunities for individuals with behavioral and intellectual disabilities; and expanding opportunities that address the needs which are critical for elders and people with disabilities to remain living in community-settings, especially individuals with behavioral health support needs.